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## EVIDENCES OF INSANITY.

WITHIN a few days there has been put into our hands, by a friend, a report of the trial of Abraham Prescott, of Pembroke, N. H. for the murder of Mrs. Sally Cochran. On looking over its one hundred and fifty-four closely-printed 12mo. pages, we were struck with the vast amount of literary labor bestowed upon the pamphlet by the reporter, Jacob B. Moore, Esq. whose fidelity in arranging the great mass and variety of testimony produced on the occasion, will certainly lay future writers on Medical Jurisprudence under peculiar obligations to him.

Prescott, a young man, 18 years of age, who had resided several years in the family of Chauncey Cochran, husband of the deceased, made an attempt on the lives of Cochran and his wife, at midnight, with an axe, while they were in a sound sleep, on the 6th of January, 1833, but the blows given upon their heads fortunately were not fatal, and the case was considered a remarkable instance of destructive somnambulism. As there was no malice prepense previously exhibited, no particular prejudices seem to have existed against the sleep-walker on that account. He is described, in a word, as being a moody, odd sort of person. On the 23d of June, 1833, the same individual accompanied Mrs. Cochran to a field for the purpose of gathering strawberries. He came upon her unawares, and murdered her by beating her head with a stake—after which, he dragged the body about two rods from the scene of violence, where it was concealed in brushwood. Very soon after, the husband ascertained from Prescott himself, on demanding where his wife was, what he had done. "I ordered him to run and show me where she was," said Mr. Cochran. "He was loth to go, but finally started; and on the way stated that he had the toothache, sat down by a stump, fell asleep, and that was the last he knew until he found he had killed Sally."

Soon after being arrested, in conversation with a coroner, the prisoner confessed the crime with which he was charged—and that officer further stated the results of a conversation, illustrative of his conduct. "He and the deceased went out into James Cochran's pasture together: from thence down into the Brook field: that when about to return homeward, he made her a proposal, which she indignantly repelled—calling him a rascal, &c. and said she would tell her husband, and he should be punished. The prisoner then sat down by a stump—considered his situation—thought he must go to jail for his offence, and had as lief die as go there. Saw a stake near him, caught it up and killed her." To an indictment for murder, the prisoner pleaded not guilty.

Principally because the plea of insanity was set up by the prisoner's

counsel, who by untiring industry elicited, from professional gentlemen conversant with all the phases of the mind diseased, valuable practical observations of general interest to the physician, we have felt the importance of presenting this condensed history of the melancholy transaction, in order to pave the way to an introduction to the medical testimony, which is the final object of these preliminary observations.

Several witnesses were brought forward to show that there was an hereditary predisposition to insanity in the family, on the paternal side, exhibited in the grandfather, and one or two of his brothers, the grand uncles of the prisoner. To the opinions of Dr. Parkman, of this city, who was called upon by the court, we would particularly direct the attention of the reader.

Beginning with the testimony of the mother of the prisoner, whose painful condition on the occasion must have excited the warmest sympathies, we shall simply recapitulate the evidence, and leave the inferences to be drawn from it to the decision of the proper tribunal

*Mrs. Mary Prescott.*—I am the mother of the prisoner, and am now 74 years old. He is my youngest child. When an infant, six weeks old, he began to falter, and his head to increase in size : sores broke in his head : the doctors recommended showering. Dr. Graves called and said he did not know as any help could be given. He left some medicine, and it did relieve him some. The doctor said, from the appearance of the child's head, he should think he might be crazy in after life : he had known such instances. My son had a bad humor, which broke out in blisters on his feet and legs : we carried him to the sea, when about two years old : but the salt water did him no good. He used to have dreadful spells of crying, when I could scarcely hold him. These spells sometimes lasted half the night. I was poor : and did the best I could to keep him dry and warm. When he grew older, he used to get up in his sleep, and many a time I have had to watch him for fear he would stray away. He always acted different from other children. I don't think he ever had his senses as other children : and oh, I know if he had had his reason when ————[Here the witness was so deeply affected, that she could scarcely proceed ; though the prisoner seemed to sit as unconcerned as ever.]

Witness continued—*Mrs. Blake* once came to our house deranged : she had a little girl with her : she staid all night, and was next day carried home to Candia. Don't know that she ever had any difficulty with her husband. *Mrs. Hodgson*, a half sister of the prisoner, was always deranged when sick ; was once taken suddenly ill at our house, physician was sent for ; she was out two or three days, and was carried home ; refused to ride with her husband in returning, or to nurse her child ; took several to hold her ; she used medicine at Raymond for the disorder in her head, and grew better.

Next follows a confirmation of this distressing history.

*Chase Prescott.*—I am the prisoner's father. I was about 22 when I left my father's—I worked out between 18 and 22—my father was occasionally deranged, as I call it—don't know what you call derangement

here—he had several spells—and there are many alive of my age who know it. I once got him out to cut stalks to try to divert him—he did not cut well, but would as often cut them off in the middle as any way, till he could get over his spells and become a little regular. I have often known my son, the prisoner, to get up in his sleep: my wife a great many times got out of bed to take care of him. His head was diseased, and he appeared crazy when quite small. He had terrible fits of screaming. At 3 years old, his head was nearly as large as mine: I know it, because we used to try on hats.—Dr. Graves said he would put something on his head to stop its growing until his body came up. We used to shower him with cold water three mornings and then miss three: and when we put the water on he would look scared and wild. We dipped him in the sea, but it didn't do good. Mrs. Hodgson was my first wife's daughter, and half sister to prisoner. If anything ailed her, she was always out of her head. At such times she would strike her children. She was once at our house with her child: staid two or three days: would not ride home in the sleigh with her husband or child, and I had to send down my daughter Betsey to carry the child. Mrs. Blake is my sister, and came to my house one summer deranged, as related by my wife. I used to know Marston Prescott—he was crazy a number of years. Was steady at first—a very clever man—had a woman bad enough for anybody. Benjamin Prescott was crazy or hypochondriacal—distressed about his breathing—had to be shut up, and was a part of the time chained—fit for nothing for a number of years.

Dr. William Graves, of Lowell, Mass. was then called upon.

*Dr. William Graves.*—The statement of Mrs. Prescott is, in part, confirmed by my books. By them it appears that I prescribed for her child several times about 18 years since. I have several charges for medicine and advice for a boy of Chase Prescott, but whether it was for the prisoner at the bar, or one of his brothers, I have no means of knowing. I have nothing except my entries to refer to for information, and these I have copied.

[Here Dr. Graves read, by permission of the Court, a copy of his original entries, which show charges against Chase Prescott, for advice, &c. to son.]

These are the only charges I have had against Mr. Prescott for medical attendance on his son or child. The other charges herewith exhibited, were for professional services rendered other members of his family. I have no recollection of any unusual enlargement of the child's head, neither have I any recollection of making such remarks respecting the disease of the child as has been stated by his parents. Neither can I persuade myself to believe that the disease was of that serious character which has been described. Knowing, as I do, my uniform method of close attention to important cases, it appears to me that if I had considered the case so alarming and interesting as has been stated, my visits would have been more numerous and not so far from each other.

*Bartlett.*—Would not that depend, Doctor, a little upon the ability of the party to pay?

**Sullivan.**—This I protest against as a reflection upon the humanity of the witness.

**Witness.**—I never measured the extent of my professional services by the ability of my patients.

**Cross examined.**—I resided in Deerfield nearly nineteen years, in the neighborhood of Mrs. Blake—during which time I was her family physician. Eight years since I moved to Lowell. Soon after the death of Mr. Blake, Mrs. B. took up her residence in the same village. I was there her physician until her death. I never saw her deranged, and never heard it intimated until to-day, upon this stand. I do not know Marston Prescott. Was well acquainted with Moses Prescott—he resided in my neighborhood at Deerfield—have known him 27 years. He was given to intoxication, and at such times, and no other, was extremely troublesome to his family and neighbors.

**Bartlett.**—Was Moses Prescott intemperate before he became deranged?

**Witness.**—He was. When I first became acquainted with him he was a correct and industrious man—a kind and affectionate husband and parent, but afterwards he became excessively fond of intoxicating liquors, which fondness increased with his years, until it became necessary for the Judge of Probate to appoint him a *guardian*. He was intemperate before he was deranged, and his intemperance, in my opinion, was the cause of his derangement.

At this stage of the trial, Dr. Rufus Wyman, physician of the M'Lean Asylum for the Insane, located at Charlestown, in this State, was called by the counsel for the prisoner.

**Rufus Wyman, M.D.**—I have been the Physician and Superintendent of the M'Lean Asylum for the Insane at Charlestown, for about sixteen years, since 1818. I was present, and heard the cases of Insanity and Somnambulism read by Mr. Peaslee, and consider them as received medical facts, well authenticated.\* Dr. Abercrombie, one of the authors quoted, is an author of high standing; and cases analogous to those quoted are stated by other writers of authority. That insanity is a hereditary disease, i. e. a predisposition to it may be transmitted from one generation to another, is now a medical fact everywhere admitted. During my superintendence of the asylum, 1015 patients were admitted, whose cases have come under my examination; and of those, 122 had insane ancestors in a direct line, and 59 had insane collaterals, where no insane ancestors were known. This number is much less than has been reported in other countries. In England, for instance, the proportion is nearly 50 per cent. of insane ancestors and collaterals of the patients, in three lunatic asylums. Insanity in ancestors or collaterals, is no evidence of its existence in a succeeding generation. It produces a predisposition in the family, or race. Hereditary insanity frequently exhibits itself, without any known or apparent cause; as do certain other hereditary

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\* Charles H. Peaslee, Esq. one of the counsel for the prisoner, read from various authors, Combe, Erskine's Speeches, Med.-Chir. Review, &c. a variety of what he considered parallel cases.

diseases, such as scrofula, epilepsy, consumption, gout, &c. It may, and does frequently exhibit itself suddenly, and go off as suddenly ; or exists for an indefinite period, according to the constitution and temperament of the individual. In this respect it may be similar to other hereditary disorders. There is no known period of its continuance, and two cases are seldom found alike. The disease is sometimes manifested by a sudden disposition to violence, and sometimes to great violence ; but I do not remember that I have seen any case where the first symptom was a disposition to kill. I have known the first symptoms of a paroxysm to be indicated by sudden acts of violence, such as kicking, biting and striking. Cases of this kind have occurred in the asylum. A patient in the asylum, of a kind disposition, is subject to alternations of depression and excitement, with an intermediate state of apparently sound mind. The change from these states is usually gradual ; but I have known him to change very suddenly. When depressed, he is silent, inactive, careless of dress, &c. One morning he partly dressed in the clothes he had worn for several weeks in a state of tranquillity—he instantly cast off the clothes put on, called for his best suit, was gay, talkative and passionate, and would strike, kick, and bite, without provocation.

This is the most remarkable instance of a sudden return of a paroxysm which has come to my knowledge. Have known some cases where the attack came on suddenly ; but so far as my observation extends, I have found the disease usually to make its approaches gradually—sometimes, for years, in so imperceptible a manner as to escape the notice of friends. In such cases the subject becomes in fact deranged, before his family discover any symptoms of the disease.

It is an undoubted fact, that a man may be insane on a particular subject, and appear perfectly rational on all others. This is termed monomania—and a vast number of cases of this and other forms of insanity might be related if desired. I am not aware that in monomania there is usually any difficulty in discovering the early symptoms—unless the patient be affected in a way to induce a concealment of his peculiar malady. Persons thus affected are not conscious of their delusion—their belief of imagined facts is as strong to them as that of real facts is to the perfectly sane.

If an insane person believes an act to be right, which he knows others think to be wrong, he may act from his own belief and yet attempt to conceal the act, that he may avoid the punishment which others would seek to impose on account of their belief that the act was wrong.

The insane generally are impelled to the commission of strange, enormous, and unaccountable acts, by what they think a duty—and not unfrequently boast of such acts.

Somnambulism, or sleep walking, is a different affection from that of insanity—though in some respects allied. Have known only two or three cases of somnambulism. One was that of a young lady, brought to the asylum in 1831, at the age of 22 years. When 13 or 14 years old, she was subject to fits of somnambulism. She would often arise from her bed in this state, and frequently, while in company or a party, without previous sleep, would rise from her chair—her eyes wide open and staring, walk the room, dust the furniture, brush down cobwebs, call by

the right names the persons whom she met, play checkers or draughts. Once having beat her uncle, she exulted in the victory. While thus affected, throwing cold water upon her or shaking her never awoke her. She was put in bed and held down—attempted to get up three or four times—then lie still and in half an hour appear like a person waking from sound sleep, and afterward have no knowledge of what had occurred. She was thus affected, from once to four times in 24 hours, for five or six weeks, and recovered. She afterwards became deranged, and so remained until she died.

A paroxysm of insanity may be induced by excessive mental or bodily exertion—by any labor, or posture of the body, which would cause a great flow of blood to the brain. Severe muscular exertion in this way might bring on the attack in persons predisposed to the disease.

Pain in a carious or sound tooth may be produced by indigested food in the stomach, by worms and other causes of irritation in the bowels, and in females by a state of pregnancy or nursing. Insanity is often caused by similar irritations. Somnambulism and dreaming are also produced by similar states of the stomach and intestines.

I recollect but one case where a somnambulist was disposed to violence—that is a case related in a note to Watkins's edition of Bichat on Life and Death.

CROSS EXAMINED. *Sullivan.*—I understand, Doctor, that insanity is in some cases hereditary. Now if an insane man has a grand-child who commits a homicide, would you infer from the fact of his ancestor's infirmity that the murderer was himself insane?

*Witness.*—The act might be connected with circumstances going to show the existence of insanity.

There is some analogy between dreaming, sleep-walking and insanity. The exciting causes of each may in some respects be similar. In sound, healthy, perfect sleep, the organs of sensation, as seeing, hearing, smelling, &c.—also the voluntary muscles which move the body and the organs of speech; also the faculties of the mind, are all in a state of rest, which usual causes do not disturb, i. e. they are asleep.

In dreaming, the organs of sensation and the voluntary muscles are asleep—the memory is awake—the imagination is also awake, and arranges ideas into various and fantastical groups; but the judgment is asleep, and does not correct the imagination, and hence the dreamer believes the arrangement of ideas thus made to be correct, and they are taken for realities.

In somnambulism, several of the organs of sensation, the voluntary muscles, including that of speech, the memory, imagination and judgment, are partly awake, but not so in equal degrees.

In insanity, the organs of sensation, the voluntary muscles, the memory and the imagination, are all awake; but the judgment is awake only in part; and false belief, delusion, with the ability to act agreeably to such belief, is the result.

Monomaniacs are generally perfectly rational on every subject but the particular delusion under which they labor. [Dr. Wytnan here related the case of a gentleman in the asylum who imagined some person was

perpetually throwing chlorine gas upon him, &c.—also of a lady who supposed that she was dead, and insisted on being buried, &c.]

Severity to brutes has in some cases preceded insanity—as in the case of a gentleman in the asylum. He was a farmer of very industrious habits, and temperate—became passionate and violent, chained his horse to a tree and whipped him unmercifully, and whipped his oxen—soon afterwards was manifestly deranged—grew jealous of his wife—got a gun to shoot her; but was secured, and was brought to the asylum. He was afterwards discharged, not as a person recovered, but for trial of his powers of self-control. He is now in the Worcester hospital as a dangerous lunatic.

After Dr. Wyman, our townsman Dr. Parkman took the stand. The accurate and extensive acquaintance which he possesses of books, gives peculiar value to his remarks.

*George Parkman, M.D. of Boston.*—Until the establishment of the Public Asylum for insane persons, near to Boston, I there had a house of that description. I have ever since continued to attend to insanity and to subjects which are allied to it, and to record observations relative to it. In regard to a question of the Attorney General, viz.: “If the grand-child of an insane person commits a homicide, no violence on the part of the grand-child having preceded or followed the homicide, and no motive appearing for it, would the fact of the grand-father’s infirmity lead to the inference that the grand-child was then insane?”—the fact would suggest that strict review and inquiry should be made into the course of life of the grand-child, in search of an explanation of the homicide, by comparison of it with his other acts. Insanity is accounted, by persons who are conversant with it, to belong to the set of diseases which are generally considered to be hereditary. Some people seem to be born with a predisposition to some one of these diseases. They may escape it, if they escape exposure to the causes which seem to excite the actions in which it consists. This may explain its non-appearance in certain individuals, in one sex, and in a generation of a family; and the recurrence of such causes may occasion the diseased condition to be recognized in a succeeding generation. Resemblances in form and features are sometimes more readily traced between grand-relations than between parents and children: this was noticed in the family of the late President Jefferson. I know a young girl who strongly resembles her great aunt and her second cousin (the aunt’s son), between whom and the girl’s parents there is very little resemblance. The children of people who have been insane are more liable to alienation of mind than are the descendants of other people. When a numerous family has sprung from parents who are tainted, it rarely happens that insanity is not produced in some of the family in part of their lives, by any exciting causes. The same thing is observed among their children. Causes, which are not followed by any mental disorder in others, often seem quite sufficient to bring it on in those. Children often inherit the cast of features, tone of voice, temperament, and mental character of their parents. Probably the internal organs, as the stomach, intestines, kidneys, bladder, liver, brain, and the minute parts, partake of the same inheritance, and



that a child often resembles its father and mother or has a joint resemblance to both, as much in the secret organization of the frame as externally. Such a conformation entitles a child, in proportion to its resemblance to its parents, to diseases or unhealthy actions similar to those to which its parents were subject, provided it be exposed to the common exciting causes of such complaints. Children of rickety, scrofulous, epileptic, consumptive, asthmatic, insane, cancerous, gouty, apoplectic, deaf, dumb, blind people, are more likely to become such than are the children of healthy parents ; and often at the same age and under the same circumstances in which the parents became so. That people were disposed to certain diseases from birth, was noticed by the Greek physicians.

If a family or hereditary susceptibility is such that a disease, not existing at birth, is afterwards induced without any external causes, or by causes which cannot be distinguished from the functions of the system, such a state may be called a *disposition* to the disease ; and there can be but little ground for hope of preventing it. If the susceptibility, though greater than is remarked in other families, is so far less than a disposition as always to require an external cause to produce the disease, this state may be called a *predisposition* to the disease. In some families, a number of brothers and sisters fall into consumption as they succeed to a certain age. This we may strictly call a *family disposition* ; we discover no external cause to excite it. In some persons the susceptibility to gout is so strong as to require no stimuli for inducing it, other than such as seem absolutely necessary for the support of ordinary health.

A man, at 40, has a perfectly healthy wife ; his son, arrived at the age at which his father's infirmities began, becomes gouty and almost helpless, without having done anything extraordinary which entitled him to this painful condition. The parent does not transmit to the child, properly speaking, a disease, to which, as in the above instance, the parent was a stranger till long after the child's birth ; but rather an organic disposition, internal resemblance to the parent, as well as external, more or less of all the organs ; which disposition and resemblance tend in the child to that disease. The perfection and imperfection of the parental organs are ordinarily perpetuated in their children. Gout is generally transmitted, as is an irritable, delicate, florid complexion. A certain organic evolution seems to be necessary or requisite to ripen and complete these morbid dispositions. The members of the family of Turgot, minister of the Treasury, under Louis XVI. died between the ages of 40 and 50, under a very violent gouty affection. Other families present an hereditary longevity. There are in the races or families of men, as in those of horses and dogs, characters of genealogy written in their looks and manners, and not all of them described by the names of complexion and sizes. Temperaments, features, humors, are transmitted ; ferocity by tigers and leopards, mildness by sheep and doves. The crossing of races extinguishes or diminishes hereditary dispositions to disease ; and nature by degrees recovers her form and vigor, especially if the regimen, habits and education, are adapted to overcome these dispositions. The influence of either parent also causes deviations and varieties. Between children of the same family there are differences in complexion, height,



and fullness. But most children who are brought up with their parents, easily contract their habits. Often the drunkard's or libertine's child should accuse the parent less for transmitting gout and enervation, than for setting examples of the vices from which these effects result.

Dr. Hallaran, physician of the asylum for insane persons near Cork, in Ireland, says—the many undeniable proofs of hereditary disposition to insanity, tend to prove its ultimate connection with a peculiar and original conformation of parts. Its independence of every subtle causality on the action of the mind, previously to the apparent possibility of morbid impression being made upon it, seems perfectly admissible. Two youths and their sister, all acutely insane, the children of an idiot mother, have been under my care at different periods. I have, Oct. 1818, father and son, mother and daughter, brother and sister, all similarly affected with chronic insanity. Several examples of those have appeared at the public asylum. Of 164 cases in the Mass. Asylum at Worcester, 42 are called hereditary, and 35 periodic.

It is unjust to accuse exciting causes only, violent passions, unforeseen events, as productive of suicide. There are predispositions, physical states, which modify, exalt, or weaken the sensibility. Differences in the modes of thinking cause one person to laugh at the most afflictive events, whilst another is put into irritation or despair by them; one kills himself, another becomes insane. Is not this predisposition rendered evident by an heritage of suicide? Whole families have committed suicide, whole families have become insane. Voltaire, in his Philosophical Questions, states that a man, of a serious profession, of a mature age, of regular conduct, killed himself Oct. 17th, 1769, and left to the Council of the city in which he was, a written apology for his death; his father and brother had killed themselves at the same age as he. A gentleman, whose father and grand-father had killed themselves at the age of 53, began from the age of 50 to have temptations to suicide; he was persuaded that he would end as did his father.

A woman (at the Salpetriere, the hospital for insane women in Paris, 1821) has had a great number of attacks of melancholy with a propensity to suicide; her daughter has had many attacks of mania; her granddaughter subject to the like, from the age of 15, has had ideas of suicide. There are here many insane women whose parents, sisters, or brothers, have committed suicide. A rich merchant of a very violent character, was father of six children. As they finished their education, he gave them a large sum of money and sent them from home. The youngest, at 26 or 27, became melancholic and precipitated himself from the top of the roof of a house; a second brother, who had taken the charge of him, reproached himself with his death, made many attempts to commit suicide, and died a year after under the consequences of prolonged and repeated abstinence. Two or three years afterwards a sister became maniacal and made a thousand attempts to destroy herself. The sixth is at the head of a great commercial house; he would have ended his life like his brothers, were he not bound to it by his children and his wife, who is by her care and tenderness his guardian angel. See *Dict. des Scien. Med., art's Germe, Hereditaire, Suicide.*—Adams on Hered. Dis. p. 13, 15, 21.—Crichton, p. 184.

Insanity presents great varieties of form and of duration. Sometimes the beginning of a paroxysm is marked by an act of violence, especially if, as in sleep-walking, the sufferer is unskillfully thwarted in his vagaries. Insanity, like some other diseases, is sometimes regularly intermittent; the sufferer is quite reasonable, and the contrary, on alternate days. Many facts seem to point to the conclusion that the knowledge of deeds of enormity leads to a repetition of them: in certain vacant, ill-regulated minds, they seem to induce a sort of state of temptation, or headlong, almost irresistible propensity or impulse to like deeds and excesses. In the newspapers and public journals in which suicides are related, a solitary case is seldom found; not unfrequently many cases occur in one neighborhood within a very few days. In the public accounts and histories of insane people, more of them are stated to be between the ages of 20 and 30, than between any other two proximate ages. The first appearances of insanity are generally attended with a disordered condition of the digestive organs. In disturbed states of the constitution, severe pains about the teeth are sometimes experienced, without any apparent local cause.

With Dr. Chadbourne, we have no acquaintance, though he discovers himself to be a man of close observation.

*Dr. T. Chadbourne.*—The books from which quotations were read yesterday by the prisoner's counsel are (with the exception of two recent works with which I am unacquainted) standard authors, recommended by the Medical Society of this State, as text books for students. They are considered the best printed authority on the subjects on which they treat. I concur in the doctrines and opinions relative to insanity advanced by the physicians who have preceded me. That there is a constitutional predisposition in certain families to mental derangement, occasioning an hereditary tendency to disorders of the mind in particular individuals, and that cases of very sudden accession of insanity sometimes occur without any known premonitory symptoms, and as suddenly leave the patients, are well-authenticated facts, and are so received by the most intelligent physicians of this State, so far as my intercourse with them extends. There is a great analogy between dreaming and somnambulism, but both differ essentially from insanity. I have known no instances of sleep-walking in which a disposition to injure others was particularly manifested. A remarkable case of somnambulism occurred in Maine, a few years since, in which the patient apparently attempted to injure himself. I was acquainted with some of the circumstances of this case. The patient was a brother of the late Dr. Chandler of this town. The attacks were so frequent, occurring almost every night, that he required watchers, the same as a person in the delirium of a fever. He always attempted to escape from his keepers—sometimes effected it. Soon after escaping one night, an outcry was heard from the pasture, and he was found suspended by a rope from the limb of a high tree, at so great distance from the ground that ladders were procured to reach him; he did not die; he luckily attached the rope to his feet instead of his neck, and received but little injury. A case of dyspepsia is related in Johnson's *Medico-Chirurgical Review* (July No. for 1831), in which the patient

always manifested a propensity to commit suicide whenever there was indigestible food in his stomach.

Our friend, Dr. Cutter, is a careful student, ardently devoted to professional duties, and merits the confidence of the public. Few practitioners have succeeded better in the treatment of the insane than himself. His asylum, entirely a private enterprise, deserves a generous encouragement.

*Dr. Nehemiah Cutter, of Pepperell, Mass.*—I have kept a private asylum for lunatics for the last fifteen years, and have had more or less for sixteen years in my family. The cases read yesterday are received medical facts, as far as I am acquainted. Abercrombie is an author of sound reputation. Insanity often lies dormant in one generation, and manifests itself in the next. Hereditary insanity may manifest itself without any known cause. It is often sudden and intermittent. Persons predisposed, are most likely to suffer the attacks between the ages of 20 and 25. In most cases the symptoms are not discovered so soon as they in fact appear—friends and acquaintances do not at first notice occasional periods of exhilaration or depression which affect the patient—but after the case becomes confirmed, they can look back, and circumstances instantly come to their recollection, showing the early period of the attack. Delirium may come on suddenly, and go off as suddenly. It is sometimes accompanied by an irresistible disposition to do violence, and kill.

A man 21 years of age has been afflicted with epileptic fits about seven or eight years. About eighteen months since was attacked with delirium, in which he was violent, and struck his father and mother, and everybody that approached him. He was confined, and the delirium continued about two weeks. After he recovered from it, his father placed him under my care. He has had several paroxysms. They come on suddenly, and one of the first symptoms is a disposition to fight or strike. He is cunning, and lays his plans to attack whoever comes in his way. He feels or thinks that everybody is at war with him, and he with them—he would slay if he could any person, and I have not a doubt but he would kill a child without hesitation.

These paroxysms of delirium vary in their duration. This man has been my patient about fifteen months, and has had five paroxysms of delirium. The duration of each has differed—the first continued about two weeks, and the last only twenty-four hours. He recovers from them suddenly, and has no recollection of anything that transpired during the time.

In 1832, had a patient, a married woman, about fifty years old, who had sudden paroxysms of insanity, during which her reason was suspended, and her conversation was irrational, incoherent, and profane. These would sometimes continue 15, 20, 30 or 60 minutes. Then she would be perfectly rational, and would wonder that she had such feelings—and said she had a whirling sensation in her head, which seemed to carry her up into the air, and everything around her was in a whirl and confusion. She recovered and returned to her family, and continued well six or eight months : then became rather melancholy, and last spring attempted

to commit suicide by cutting her throat. After she had made the attempt she recovered her reason, and wished her friends to do all that they could to save her life, and said she was not conscious at the time what she was doing. She recovered, and in five months afterwards made a second attempt, but did not succeed; and manifested the same desire to preserve her life, and was equally unconscious of the act.

*Cases of Monomania.*—A young man about thirty years old, who imagined he had made a league with God, and that he had given him power over the elements, and he could control them at his option. He could produce tempests, with thunder and lightning, heat and cold, at pleasure, and frequently said if we did not please him, he would "cause the earth to open and swallow us up, or the lightning to strike us dead in a moment,"—and he frequently said it would not be wrong for him to kill a man, if he were in his way, or opposed him. He often declared that we had better be careful how we treated him, for his heavenly Father had given him the disposal of all human life, and we held our life in him on sufferance. He was perfectly rational on any other subject disconnected with this.

A married woman about forty years of age, when under my care, and is now about fifty—she imagines she was changed or spiritualized—refused to be considered a wife, and resumed her maiden name, and would not answer to any other name. She said she had constant intercourse with her heavenly Father—her body was incorruptible, and she never should die—always should exist in her present body. In all other respects, and on other subjects, she conducted rationally. She remains in the same state of mind.

A young, unmarried lady, about twenty years of age, imagined she had no soul—she said it was in hell—the devil had taken it, and her body moved about without it. She was perfectly rational in her conversation on every other subject, her judgment was correct, and was capable to perform business as usual. She recovered.

A young man about twenty-five years old, a clergyman by profession. He imagined he had committed the unpardonable sin, and said there was no hope in his case. His mind was rational on any other subject; his opinion and judgment on theological points were correct, and he would carry on an argument with as much power and correctness as formerly. He recovered.

A young lady about twenty-six years old, imagined her stomach was gone, and there was a vacuity in that part of her abdomen. She imputed the removal of her stomach to the vengeance of God on account of her sins. She said she constantly felt the burnings of hell. She was in all other respects perfectly rational. She also recovered.

The jury brought in a verdict of GUILTY. Understanding there has been a new trial granted, it would perhaps be improper to make any comments on the preceding sketch. For the sake of aiding the too much neglected science of legal medicine, we have carefully put on record, in as condensed a form as possible, and to the exclusion of other interesting matter, the preceding opinions of men in our profession, which will doubtless be deemed of no inconsiderable importance to the cause of future justice and humanity.

## MASSACHUSETTS MEDICAL SOCIETY.

At a meeting of the Counsellors of the Massachusetts Medical Society, held Oct. 1st, 1834, it was voted—That a committee be appointed to investigate the History of Intermittent Fever in this Commonwealth and throughout New England.

With a view to accomplish the purposes for which they were appointed, the committee respectfully request from the members of the medical profession in New England information relating to the objects of their inquiry. In order to facilitate as much as possible the communication of such information, the following questions are proposed, as embracing the points which it is especially intended to determine.

1. Whether intermittent fever have at any former period existed in any part of New England as an Endemic disease (i. e. having its origin in the place where it has prevailed), where it does not now exist ; what was the kind of soil, the face of country, the state of cultivation and the geological character of the district where it prevailed ?
2. If it formerly did and does not now exist, when did it disappear ; what was the state of the country as to cultivation, agricultural improvements, &c. at the time of its disappearance, and was it connected with any known changes in the neighborhood, such as draining marshes, clearing away wood, &c. ?
3. Where does intermittent fever now exist as an endemic in New England ? Has it always been observed in such places as are now liable to it, or has it recently appeared there ?
4. If it have recently appeared, in what places and through what extent of country has this been the case ? What is the character of the country, and has its appearance been connected with any such changes in the neighborhood as the stopping of water courses, raising ponds, flooding meadows, &c. ?
5. If it have made its appearance in any place, what was its character, Quotidian or Tertian ; was it connected with, or did it pass into common or continued fever ; did they prevail at the same time and place ; what was their character ?
6. How was the disease treated ; what was its length ; was it liable to recur ; in what state of health did it leave the subjects of it ? Was it followed by any such maladies as are commonly described as following intermittent fever ?
7. Is there any probability, that in any case the subject of the disease have been exposed to its causes in some other place or part of the country at any period, whether longer or shorter, before it has made its appearance ?

Gentlemen who favor the committee with information are requested to state the kind of authority on which their statements rest, especially whether they are the result of personal observation, or have been derived from that of others or from common report merely.

Communications may be addressed to the Corresponding Secretary of the Society, GEORGE HAYWARD, M.D. Boston.

RICHARD D. HAZELTINE,	} Committee.
JOHN WARE,	
WILLIAM J. WALKER,	

# RECORD OF METEOROLOGICAL OBSERVATIONS FOR DECEMBER, 1834.

1834. December.	THERMOMETER.			BAROMETER.			Winds.	Appearances of the Atmosphere.	Rain In Inches.	Moon's In Phases.	Remarks.
	Mini- num.	Maxi- num.	Mean.	Mini- num.	Maxi- num.	Mean.					
Mon. 1.	30.50	45.50	38.00	29.90	30.20	30.050	N W	Cirro-cumulo-stratus.	.20		Rain.
Tues. 2.	33.00	47.00	42.50	29.60	29.80	29.700	S W	Cirro-cumulo-stratus.			Cirri, a.
Wed. 3.	32.00	42.50	37.25	29.60	29.78	29.690	N W	Cirrus.			Rain.
Thur. 4.	26.00	35.00	30.50	30.10	30.20	30.150	N W	Fair.			W and cumulus, a.
Frid. 5.	27.00	45.00	36.10	30.15	30.20	30.175	S W	Fair.	.75		Rain.
Sat. 6.	30.00	55.00	42.50	29.10	29.75	29.425	S W	Cirro-cumulo-stratus.		☾ a.	Rain.
Sun. 7.	33.00	47.00	40.00	29.90	30.15	30.025	N W	Cirrus.	.23		Rain.
Mon. 8.	35.00	55.00	46.00	29.25	29.65	29.450	S W	Cirrus.			Cumulus, a.
Tues. 9.	26.50	37.50	32.00	30.00	30.15	30.075	N W	Cirrus.			S W, a.
Wed. 10.	17.50	33.50	25.50	30.20	30.35	30.275	N W	Cumuli.			Snow.
Thur. 11.	27.00	43.00	35.00	29.90	30.08	29.990	N W	Cumuli.	.05		Snow, S W, m. Thermometer 22° m.
Frid. 12.	30.00	35.50	32.75	29.80	29.95	29.875	N E	Cirro-cumulo-stratus.	.10	● a.	Lunar eclipse.
Sat. 13.	29.00	34.50	31.75	29.30	29.60	29.450	N W	Cirro-cumulo-stratus.			Thermometer 23° at 9h. a.
Sun. 14.	-2.00	22.00	10.00	29.35	29.75	29.550	N W	Cirro-cumulo-stratus.			Slight snow
Mon. 15.	-6.00	10.00	2.00	29.80	29.90	29.850	N W	Cirro-cumulo-stratus.			and stratus.
Tues. 16.	26.00	36.00	29.50	29.60	29.95	29.775	S W	Cirro-cumulo-stratus.			Snow at night.
Wed. 17.	12.00	23.00	17.50	30.28	30.35	30.315	N W	Cirro-cumulo-stratus.	.02		Cumuli, a.
Thur. 18.	15.00	33.00	24.00	30.35	30.35	30.350	S E	Cirro-cumulo-stratus.			Cirri and N W, m.
Frid. 19.	25.00	33.50	29.25	30.35	30.38	30.365	N E	Cirro-cumulo-stratus.			Cumuli, a.
Sat. 20.	26.00	34.00	30.00	29.90	30.15	30.025	S W	Stratus.			Snow—E, a.
Sun. 21.	20.00	26.00	23.00	30.12	30.20	30.160	N W	Cirrus.			Snow, m. Thermometer 13° at 9h. a.
Mon. 22.	13.50	30.50	22.00	30.22	30.20	30.210	S E	Cirro-cumulo-stratus.		☾ m.	
Tues. 23.	23.00	35.00	31.50	30.20	30.20	30.200	N W	Stratus.			
Wed. 24.	23.00	33.50	28.25	29.95	30.25	30.100	N E	Cirro-cumulo-stratus.	.70		
Thur. 25.	18.50	27.50	20.25	29.86	30.10	29.980	N W	Cirro-cumulo-stratus.			
Frid. 26.	8.00	15.50	11.75	29.94	30.15	30.045	N W	Cirro-cumulo-stratus.			
Sat. 27.	14.00	25.00	19.50	29.94	30.06	30.000	N W	Cirrus.			
Sun. 28.	13.50	23.50	18.50	30.15	30.25	30.200	N W	Cumuli.			
Mon. 29.	17.00	23.00	25.00	30.05	30.25	30.150	N E	Cirro-cumulo-stratus.			Severe gale.
Tues. 30.	18.50	27.50	23.00	29.45	29.65	29.550	N W	Cirro-cumulo-stratus.	.80?	○ m.	Gale continues.
Wed. 31.	20.00	28.50	24.25	29.58	29.80	29.690	S W	Cumuli.			Cumulus and N W, a.
Aggregate.	21.75	33.96	27.709	29.867	30.058	29.9024	N W	Cirro-cumulo-stratus.	2.86		

RESULT.—Mean temperature, 27.709. Maximum on the 8th, wind S W, 55.00. Minimum on the 15th, wind N W, -6.00. Greatest daily variation on the 6th, wind S W, 25.00. Least daily variation 12th and 13th, wind N E and S W, 5.50. Range of Ther. for the month, 61.00. Decrease of mean temperature from last month, 11.341. —Mean atmospheric pressure, 29.994. Maximum 19th, wind N E, 30.38. Minimum 6th, wind S W, 29.10. Greatest daily variation 6th, wind S W, 0.05. Least daily variation 18th and 29d, wind N E and N W, 0.00. Range of Barometer, 1.38. Increase of atmospheric pressure from last month, 0.004. Prevailing atmosphere, cirro-cumulo-stratus, cloudy. Prevailing wind, N W. Rain, in inches, 2.86.

For Independence, Boston Harbor, Mass. January 1, 1835.

J. A. BREXTON.

N.W., 0.00. Range of Barometer, 1.38. Increase of atmospheric pressure from last month, 0.0644. Prevailing atmosphere, cirro-cumulo-stratus, cloudy. Prevailing wind, N.W. Rain, in inches, 2.56. Fort Independence, Boston Harbor, Mass. January 1, 1835. J. A. BRERETON.

# METEOROLOGICAL SUMMARY FOR THE YEAR 1834.

1834.	THERMOMETER.				BAROMETER.				Rain in inches	Appearances of the Atmosphere, days of										Winds, days of								Weather, days of							
	Mean		Range		Mean	Max.	Min.	Range		Fair	Cirri	Cirrus	Cir. strat.	Cirro-cu. moll.	Cirro-cu. minus	Cumulus	Stratus	Cir. cum. stratus	Cumulo-stratus	Nimbus.	No. of	Prevailing	North	N. West	N. East	East	South	S. West	West	Prevailing	Clear	Cloudy	Rain	Snow	Prevailing
January	24.516	52.50	2.00	50.50	30.0113	30.50	29.50	1.00	1.10	2	6	2	1	2	1	3	2	12	3	1	1	12	3	1	5	1	5	6	2	NW	17	8	3	3	Clear
February	33.800	52.00	6.00	46.00	30.0716	30.60	29.50	1.00	1.47	3	1	4	2	1	2	2	10	2	2	1	9	8	2	1	1	1	1	14	1	NW	16	11	3	2	Clear
March	36.346	65.00	18.00	47.00	30.0716	30.60	29.50	1.10	0.94	2	2	4	2	1	1	6	5	9	9	2	2	9	4	3	2	2	7	17	1	SW	10	13	3	1	Clear
April	45.475	79.00	29.50	49.50	29.9845	30.65	29.20	1.45	3.27	4	1	5	1	1	1	9	9	9	9	2	2	8	5	5	6	5	5	14	1	NW	12	8	10	1	Clear
May	52.419	84.00	32.00	52.00	29.4325	30.32	29.50	0.82	5.48	3	2	2	1	1	6	2	10	3	3	1	6	5	6	5	5	5	5	12	2	SE	10	8	13		Rain
June	63.223	86.00	48.00	38.00	29.8296	30.12	29.30	0.82	6.87	2	4	2	4	2	7	1	7	4	4	2	5	4	1	1	6	14	3	12	3	SW	10	11	9		Clear
July	73.346	96.50	55.50	41.00	29.9906	30.38	29.65	0.73	6.87	2	5	4	2	2	6	2	7	7	7	4	2	5	6	5	9	6	10	14	3	SW	18	6	7		Clear
August	68.193	87.00	52.00	35.00	29.9269	30.25	29.55	0.70	1.95	2	5	4	2	2	5	6	7	7	4	2	5	6	5	9	6	10	14	3	SW	18	6	7		Clear	
September	62.708	86.00	34.50	51.50	30.0730	30.55	29.60	0.95	2.93	3	2	4	3	3	7	0	11	3	11	3	1	13	3	6	4	10	14	3	SE	14	10	6	1	Clear	
October	49.846	81.00	29.50	52.00	30.0612	30.50	29.55	1.29	2.73	3	5	2	5	3	4	4	13	13	13	3	1	13	3	6	4	10	14	3	SE	15	9	6	1	Clear	
November	39.050	59.00	20.50	38.50	29.8980	30.55	29.35	1.29	2.73	3	5	2	5	3	4	4	1	12	4	1	1	12	3	6	4	10	14	3	SE	13	12	4	1	Clear	
December	27.709	55.00	-6.00	61.00	29.9624	30.38	29.10	1.28	2.86	2	2	2	2	3	5	4	2	18	2	1	1	17	4	2					1	NW	10	12	3	6	Clear
Annual result	48.053	96.50	-6.00	102.50	29.9770	30.65	29.10	1.55	36.85	29	28	42	6	15	50	5	47	10	122	11	11	Cir. c. s.		106	53	32	55	107	11	NW & SW	163	116	72	14	Clear

THE annual mean temperature, 48.053, coincides within a minor decimal fraction of the averaged mean temperature, for nearly an half century, observed by the late Dr. Holyoke, at Salem, Mass.—The maximum of the Thermometer, or the hottest day during the year, occurred on Saturday, the 26th of July, being 96 1-2 degrees: the minimum, or coldest day, was on Monday, the 15th of December, being then 6 degrees minus zero, or 38 below the freezing point; and producing a range of the thermometer for the year of 102 1-2 degrees: that of the Barometer, during the same period, has exceeded one and a half inches.—The attention of many meteorologists has lately been directed towards the popular notion pertaining to the lunar influence upon the weather, as regards the occurrence of the moon's phases with the appearance of rain, snow or falling weather. From the preceding monthly tables of meteorology, published regularly in the Journal, the following facts, selected from them, may contribute in a small degree to the object referred, particularly as to this locality, during that period. It, therefore, appears from them, that during the year there were 50 phases, or changes, of the moon; viz. 13 new moons, 12 first quarters, 12 full moons, and 13 last quarters: and in the same period there were 86 days of falling weather; viz. 14 snow and 72 rain, which include the trivial and partial showers, thunder gusts, nimba, &c. Of the latter, 86 days, it rained on the days of the New Moons, . . . . . 5 times.  
First Quarters, . . . . . 2 "  
Full Moons, . . . . . 3 "  
Last Quarters, . . . . . 3 "

Making in the total but twelve times in accordance, from 86 days of rain, &c. and 50 of lunar phases, leaving a large remainder of the former to happen on other days unaffected in influence by the latter;—a proportion that seems to require a more directing power to confirm the prevailing popular opinion, at least so far as the quantity of time is concerned.  
Ft. Independence, Mass. Jan. 1, 1835.  
J. A. BRERETON.



**Parisian Society of Foreign Physicians.**—All the English, German and Italian physicians residing in the French capital, have associated themselves in a society. The object is to afford a medium of communication between practitioners, who are foreigners in France. M. Ricord, of the *Hôpital des Veneriens*, has been very active in its formation. There is no mention of Americans in the catalogue of members. How is that—when there is a large number residing there?

**Beautiful Models of the Eye.**—Messrs. Brown & Pierce, of Boston, manufacture very superior models of the human eye, which are almost indispensable in the library of a medical man. The tunics of the globe, the muscles, and the manner of forming the image on the retina, are also finely exhibited, and worth numerous plates.

Dr. Hooker's paper has been received.—Also those of H. F. and Dr. Cragin.

**DIED**—At Philadelphia, Dr. Bolling Stark, aged 26.—At Milburn, Me. Dr. Isaac C. Thayer, aged 25.

Whole number of deaths in Boston for the week ending Jan. 10, 17. Males, 9—Females, 8.

Of burn, 1—group, 1—consumption, 3—worms, 1—old age, 2—sudden, 1—ulcers on the lungs, 1—lung fever, 2—infantile, 2—paralytic, 1—brain fever, 1—rheumatism, 1.

## ADVERTISEMENTS.

### TO YOUNG PHYSICIANS.

A RARE opportunity is now offered to a physician who has a thorough knowledge of his profession (including dental surgery), to form a connection in business in South America. No one need apply who cannot produce the most unequivocal testimonials of a good moral character, and at least a scientific knowledge of the profession.

Applications must be made immediately to the editor of the Med. and Surg. Journ.—post-paid.  
Boston, January 14, 1834.

### SCHOOL OF MEDICINE, AT WOODSTOCK, VERMONT.

CONNECTED WITH MIDDLEBURY COLLEGE.

THE annual Course of Lectures at this Institution will commence on the second Thursday (12th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine, by H. H. CHILDS, M.D.  
Chemistry and Natural History, by JOHN D'WOLFE, JR. A.M.  
Anatomy, Physiology and Surgery, by W. PARKER, M.D.  
Obstetrics and Materia Medica, by DAVID PALMER, M.D.  
Legal Medicine, by W. P. RUSSELL, M.D.  
Demonstrator of Anatomy, B. R. PALMER, M.D.

The usual number of Lectures will be five, daily—besides the Demonstrations on Anatomy, and occasional evening examinations.

Fees for the Course—\$45. Graduation—\$18. For those who have attended two courses, but do not graduate—\$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to DAVID PIERCE, Esq. Treasurer of the Institution. Board is usually furnished at from \$1.50 to \$2.00 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study.

Degrees will be conferred at the close of the Lecture term by the President of Middlebury College; a permanent connection for that purpose having been formed by an act of the College Corporation, bearing date Aug. 21, 1834.

Examinations will be conducted by the Medical Faculty, in the presence of a delegation from the College. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two Courses of public Lectures, one of which must have been at this Institution; and that he shall have attained the age of 21 years. For particulars relating to private instruction, students are referred to the annual catalogues of the School.

By order of the Board of Trustees,  
Woodstock, October 1, 1834.

E. HUTCHINSON, Secretary.  
(Dec. 31—3w.)

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.